

ISSUE-SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

(6/10/05 2-15-07)
3-9001

INDEX OF CLAIMS

| | | | |
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| Rejected | N | Non-elected | |
| Allowed | I | Interference | |
| (Through numeral) ... Canceled | | A | Appeal |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)